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STATISTICAL BULLETIN
METROPOLITAN LIFE INSURANCE COMPANY

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How Men Get Hurt

THE average man engaged in an occupation not involving any special hazards is, nevertheless, exposed to the common everyday risks of injury. Actually, more business men get hurt in office buildings and stores than while riding in automobiles; and more of them come to grief in and about the house than when walking on the streets or using trains and other public transportation services. This observation is based on an analysis of more than 104,000 injuries reported by policyholders in the Accident and Health Division of the Metropolitan Life Insurance Company during the period 1933 to 1936. In these four years nearly 30,000 men, or 28 percent of the total, were injured within the apparently safe confines of the office or shop, and another 18,000, or 17 percent of the total, on home premises. Altogether 45 percent were injured inside buildings or on private premises where they might feel reasonably secure from danger.

Accidents in automobiles accounted for 20 percent of the total and were second in importance as a source of injuries. In another 8 percent of the cases the victim was injured while walking on streets; only 2 percent of the accidents occurred on transportation services. Nor is the tired business man entirely safe from accidental injuries when he seeks recreation over the week-end or during vacation, for according to the records 13,210 injuries, or nearly 13 percent of the aggregate number, were received while bathing, bowling, riding horseback, playing baseball, tennis, golf, and other games. Baseball is just as popular with the grownups as with the youngsters, for 2,925 injuries occurred in this sport, a larger number than in any other recreational activity. The remaining 12 percent were accidents out of doors, too varied to classify separately. The majority of injuries, it is true, resulted from accidents in places where men spend much of their time, but it is clear that no place was entirely free from hazard.

The records show also, and in further detail, the particular manner in which these 104,000 injuries were sustained. By far the greatest number, nearly 40,000, resulted from falling or slipping. These injuries occurred in many different ways—on sidewalks or pavements, on the

ice, on stairs, on floors, over rugs, and over various objects. The largest number of accidents in this group were described as falls on sidewalk, pavement, or uneven ground, 10,095 being so classified. The bathroom, too, has its hazards, for no less than 636 men were hurt by falling in tubs or shower stalls. All falls combined caused 38 percent of the total injuries.

Next in importance to falls were injuries from collision with vehicles, which amounted to 15 percent of the aggregate number. The majority of the vehicles involved were motorcars, few of these accidents being caused by bicycles or horse-drawn conveyances. The next largest group of injuries were caused by broken glass, nails, splinters, and sharp implements. These occurred in a variety of different ways and constitute 13 percent of the total number. Together, the three main classes of injuries mentioned so far constitute 66 percent of the total injuries. The remainder were produced by falling objects, bumping into people or objects like chairs and

Analysis of 104,116 Accidents to Men, Ages 18 to 65 Reported to the Accident and Health Division, Metropolitan Life Insurance Company, 1933 to 1936

Place of Accident	Number of Injuries	Percent of All Injuries
Total	104,116	100.0
Buildings, other than homes	29,416	28.3
Private automobiles	20,618	19.8
Home or home premises	17,893	17.2
Games and recreation	13,210	12.7
Walking on streets and highways	8,564	8.2
Trains, cars, buses, boats, etc.	1,973	1.9
Other places	12,442	12.0

Description of Accident	Number of Injuries	Percent of All Injuries
Total	104,116	100.0
Falls and slips	39,585	38.0
Injured by vehicles	15,279	14.7
Injured by broken glass, nails, sharp instruments, splinters	13,711	13.2
Collisions with other persons or objects	8,642	8.3
Struck by falling or flying objects	7,550	7.3
Burns, explosions	3,950	3.8
Caught in doors and windows	3,816	3.7
Handling, lifting, or carrying objects	2,435	2.3
Dust and cinders in eye	1,821	1.7
Hand tools and machinery	1,615	1.6
Injured by animals	1,386	1.3
Injured by firearms	294	.3
All others	4,032	3.9

doors, getting limbs caught in doors or windows, burns, and a residual group of miscellaneous mishaps.

Detailed accounts submitted with the claims for benefits indicate that many of the injuries sustained could have been avoided by the exercise of simple care and thoughtfulness. This is indeed the thought underlying the widespread campaign for greater safety that has been waged on a nationwide basis. And since a large part of the average man's waking time is spent at home or in the office, so that many of the minor accidents occur in these places, a good share of our attention in planning the campaign may well be concentrated on this type of accident. This is all the more true in view of the fact that a man's home is subject to his personal supervision, and the factors outside his control which play an important role in an automobile accident, for instance, are reduced to a minimum in the home. It is a good plan to make an occasional survey and inspect the home or office for avoidable hazards, such as loose rugs, inadequate lighting, obstacles on stairways, etc. A well-ordered home is a safe home. Another fact brought out by the statistics given in this article was that seemingly trivial and minor mishaps frequently result in serious injuries with consequent loss of time and income. Since it is impossible to prevent all accidents, systematic provision of first-aid medical and nursing facilities would do much to prevent minor injuries from developing into serious conditions.

Causes of Death Showing the Largest Declines

WHEN contemporary civilization is recorded as a chapter in history, among the great achievements of our time will undoubtedly be included the extensive gains in the average length of life. The *increase* in life expectation reflects, of course, the *decrease* in mortality from a number of causes of death, some of which have declined at an extraordinary pace during the past quarter century. The table on page 5, based on the experience among Metropolitan Industrial policyholders at ages 1 to 74 years combined, shows the causes of death for which the standardized mortality rates have registered a greater decline than the average for all causes combined. The individual items are ranked in descending order according to the percent decline in mortality between the periods 1911 to 1915 and 1931 to 1935.

The control of typhoid fever is public health achievement number one. The death rate from this cause declined from 17.4 per 100,000 in the period 1911 to 1915, to 1.7 in 1931 to 1935, a decrease of 90.2 percent. In the comparatively short span of 25 years typhoid fever has dropped from a leading position among the causes of death to one of very minor importance. Malaria, a close second in the list, has several

points in common with typhoid. Both are infectious diseases; the decline in mortality for each is to a large extent the result of sanitary engineering; both diseases have been and continue to be public health problems in limited areas of the United States.

Even a casual inspection of the table reveals that childhood diseases occupy a prominent place among the causes of death that have recorded the largest reductions. Diphtheria, registering a remarkable decline of 87.2 percent in death rate, ranked third in the list as a whole, and ahead of the other diseases of childhood. This favorable experience for diphtheria reflects the efficacy of the specific measures employed on a large scale in suppressing the disease. Diarrhea and enteritis, measles, whooping cough, tuberculosis, and scarlet fever follow in order. Each of the first eight diseases shown in the table declined virtually 70 percent or more in mortality between 1911 to 1915 and 1931 to 1935. The control of the principal diseases of childhood is an especially gratifying record, because a child spared in its early years may look forward to many additional years of life.

Although tuberculosis is in seventh place with respect to *relative* decline, in terms of actual number of lives saved it ranks first by a wide margin. The death rate from tuberculosis dropped from 223.9 per 100,000 in 1911 to 1915, to 66.8 in 1931 to 1935; this is an *absolute* decline of 157.1 per 100,000 and a relative decrease of no less than 70.2 percent.

There is no need to discuss in the text all of the other causes of death included in the table, but some of them do deserve brief mention. The decline of 60 percent for acute rheumatic fever means not only fewer deaths but also a reduced morbidity from this cause among children and young adults, and hence a diminished toll from heart disease in later life. In view of the differences of opinion expressed in the literature regarding the relation between cirrhosis of the liver and alcoholism, it is interesting to note that the two are contiguous in our list, the former having declined 58.3 percent and the latter 52.5 percent. The mortality from accidental and unspecified violence, exclusive of automobile accidents and war deaths, has been cut in half over the 25-year period; if automobile accidents are included in the total, the decline comes to 25 percent.

Diseases of the puerperal state show a decline of 47.3 percent in death rate per 100,000 policyholders between the first and the last quinquennium of the quarter century under review. Although a large part of the decrease in mortality is due to the fall in birth rate, it is also true, as we indicated in the STATISTICAL BULLETIN of last month, that in more recent years the actual risk of maternity has really decreased. Influenza and pneumonia as a group, although the final item in the table, exhibits a decline of no less than 44.2 percent between

the periods 1911 to 1915 and 1931 to 1935. Moreover, the indications are that with the widespread use of serum therapy the death toll for pneumonia will be diminished still further.

Now that a number of infectious diseases have been brought under control or are rapidly yielding before the attack of the public health movement, medical investigators are broadening their field of activity to include the diseases characteristic of later life. Determined attacks are now being made on cancer and the cardiovascular-renal diseases, and the definite, though limited, success attained so far indicates that these activities also will result in considerable conservation of life.

Death Rates from Causes Showing the Greatest Percent Decline Between the Periods 1911–1915 and 1931–1935. Metropolitan Life Insurance Company, Industrial Department. Ages 1 to 74 Years

Cause of Death	Percent Decline 1931–1935 Since 1911–1915	Averages of Annual Death Rates* per 100,000				
		1931–1935	1926–1930	1921–1925	1916–1920	1911–1915
All Causes of Death	37.3	802.3	905.8	925.1	1,273.7	1,279.6
Typhoid fever†	90.2	1.7	3.2	5.2	9.9	17.4
Malaria	87.8	.5	.7	1.1	2.0	4.1
Diphtheria	87.2	3.0	7.8	14.6	19.3	23.4
Diarrhea and enteritis	82.7	4.7	8.3	11.6	21.2	27.2
Measles	77.0	2.0	3.7	4.6	7.8	8.7
Whooping cough	71.7	1.7	3.0	3.7	6.1	6.0
Tuberculosis—all forms	70.2	66.8	91.7	112.8	183.3	223.9
Scarlet fever	69.2	2.8	2.6	4.4	4.3	9.1
Pellagra	65.0	1.4	2.2	1.5	3.0	4.0
Acute rheumatic fever	60.0	2.6	3.1	3.8	4.7	6.5
Erysipelas	59.3	1.1	1.4	1.5	2.1	2.7
Cirrhosis of the liver	58.3	8.0	7.9	7.4	12.4	19.2
Alcoholism	52.5	2.9	4.3	3.1	3.7	6.1
Accidents (excluding automobile and war deaths)	50.1	38.3	48.8	51.0	65.8	76.7
Epilepsy	48.6	1.9	2.3	2.5	3.6	3.7
Puerperal state	47.3	9.6	13.1	16.7	19.9	18.2
Influenza and pneumonia	44.2	71.7	95.3	94.7	252.7	128.4

*Standardized for color, sex, and age.
†Including paratyphoid fever.

Our Vital Statistics Account from 1930 to 1935

From an analysis of mortality and birth statistics for the first six years of the present decade, there may be drawn two fundamental conclusions, one of which is a source of gratification, while the other brings us face to face with a situation that has serious implications for our national future.

On the favorable side of our vital statistics account, there is a picture of a general increase in the average

length of life during the period under survey. For example, according to their mortality experience in the three years 1929 to 1931, white males in the general population of the United States had an expectation of life at birth of 59.31 years. By 1933 this figure had risen to 60.86 years, a gain of more than 1½ years. Although there was a recession in 1934, a rise in 1935 carried the expectation of life at birth to 60.72 years, a figure not far from that for 1933. In the case of the data relating to white females of the country as a whole, the results are even more favorable. Except for a slight setback in 1934, their record is one of continual increase, so that the figure for the expectation of life at birth for 1935, namely 64.72 years, represents a gain of almost two years over the corresponding figure for the years 1929 to 1931. The figures from which these comparisons are derived are presented in Table 1 below and in Table 2 on page 7.

TABLE 1

Some Basic Demographic Characteristics for the White Population in the United States, 1930 to 1935

SEX; DEMOGRAPHIC CHARACTERISTIC	1935§	1934§	1933§	1932†	1931†	1930*
	EXPECTATION OF LIFE AT BIRTH					
White males	60.72	60.24	60.86	60.69	59.88	59.31‡
White females	64.72	64.18	64.40	64.38	63.56	62.83‡
	RATES PER 1,000 OF POPULATION					
Crude birth rate	16.50	16.70	16.15	17.01	17.67	18.60
Crude death rate	10.55	10.62	10.29	10.48	10.58	10.78
Crude rate of natural increase	5.95	6.08	5.86	6.53	7.09	7.82
True rate of natural increase	—1.44	— .99	—2.06	.03	1.09	2.82

*United States, excluding South Dakota and Texas. †United States, excluding Texas.
§Total United States. ‡These data relate to the period 1929–1931.

In Table 2 there are shown separately for total persons, white males, and white females, the values of the expectation of life and the mortality rates at every fifth year of age, as computed from the mortality statistics for 1935 and an estimated distribution of population by color, sex, and age. Compared to the United States life table for the three years from 1929 to 1931, the last population life table based on a census of population, gains in expectation of life are noted at all ages up to 60 years among white males and up to 75 years among white females. When comparison is made between the mortality rates for 1935 and those for the years 1929 to 1931, it is found that white males experi-

enced improvements at all ages up to 65 and white females up to age 85. The declines in mortality were particularly marked in early infancy and childhood. In the first year of life mortality among white males had decreased from 60.86 to 53.90 per 1,000 in the course of the period being surveyed, a decline of 11.5 percent; the corresponding figures for white females were 48.21 and 41.65 per 1,000, with a decline of 13.6 percent. Within the ages from 1 to 4 years, the decreases in mortality averaged almost 25 percent.

The unfavorable side of our vital statistics account arises from the rapid decline in the birth rate. It will be seen, in Table 1, that the crude birth rate among our white population has declined from 18.60 per 1,000 of population in 1930 to 16.50 in 1935, the low point for the series of years being 16.15 in 1933. Although there have also been decreases in the death rate, the decreases in the birth rate have been more rapid, with the net result that there has been a marked decline in the *crude* rate of natural increase (excess of the birth rate over the death rate) of our white population. Thus the *crude* rate of natural increase dropped from 7.82 per 1,000 of population in 1930 to 5.86 in 1933 and hovered around six per 1,000

TABLE 2

Expectation of Life and Mortality Rate per 1,000 at Specified Ages for Total Persons and for White Persons by Sex, United States, 1935

Age	Expectation of Life			Mortality Rate per 1,000		
	Total Persons	White Males	White Females	Total Persons	White Males	White Females
0	61.37	60.72	64.72	50.89	53.90	41.65
1	63.64	63.15	66.51	7.57	7.34	6.51
2	63.12	62.61	65.94	3.89	4.05	3.36
3	62.36	61.86	65.16	2.79	2.84	2.45
4	61.53	61.04	64.32	2.26	2.24	2.08
5	60.67	60.17	63.45	1.93	1.93	1.79
10	56.14	55.65	58.89	1.25	1.37	1.04
15	51.51	51.05	54.20	1.81	1.83	1.35
20	47.06	46.57	49.62	2.83	2.62	2.10
25	42.76	42.21	45.18	3.52	3.13	2.70
30	38.52	37.87	40.80	4.03	3.65	3.11
35	34.32	33.59	36.44	5.09	4.74	3.78
40	30.22	29.43	32.15	6.38	6.27	4.61
45	26.23	25.41	27.92	8.49	8.78	6.21
50	22.41	21.61	23.85	11.85	12.52	8.79
55	18.80	18.04	19.95	16.06	17.62	12.38
60	15.40	14.73	16.28	23.51	25.97	19.00
65	12.34	11.78	12.97	35.40	38.92	29.98
70	9.66	9.21	10.06	52.59	57.54	46.71
75	7.37	7.04	7.59	79.62	86.38	73.72
80	5.50	5.28	5.59	117.57	124.75	113.17
85	3.98	3.80	4.02	176.41	184.82	175.39
90	2.87	2.70	2.94	255.89	273.25	253.36

for the next two years. Whatever comfort there may be in the fact that these figures are still positive is dispelled by further analysis of our birth statistics. When allowance is made for the relatively high concentration in the numbers of our people at the reproductive ages of life, it is found that with a continuation of our present tendencies in mortality and fertility we shall eventually become a country with a declining population. Whereas the *crude* rate of natural increase was positive for each of the years from 1930 to 1935, the *true** rate of natural increase was actually a negative quantity for the last three of the six years, that is, it had become a rate of *decrease*. For the years 1930, 1931, and 1932, the true rates of natural increase were +2.82, +1.09, and +0.03 per 1,000, respectively. For each of the three following years, namely, 1933, 1934, and 1935, the corresponding figures were —2.06, —0.99, and —1.44. With findings such as these it is naturally a matter of concern whether the trend here indicated will continue. The answer is of great importance, for a continuation of the tendency toward a declining population points to grave social problems for the future.

A review of our vital statistics account from 1930 to 1935 presents, then, a picture of increasing longevity, of decreasing reproductivity, and of ultimate decline in numbers of population on the basis of current tendencies in fertility and mortality. The indications that follow from our rapidly falling birth rate may make it necessary for us to formulate a population policy and set in motion the forces by which that policy may be more surely achieved.

An Era of Health Progress

THE readers of the STATISTICAL BULLETIN will, no doubt, be interested to know of a comprehensive publication, just off the press, issued by the Metropolitan Life Insurance Company. In a 600-page volume, *Twenty-five Years of Health Progress*, the authors, Louis I. Dublin, Ph.D., Third Vice-President and Statistician, and Alfred J. Lotka, D.Sc., Assistant Statistician, review in detail the mortality experience of the Industrial Department of the Company in the past quarter century. The book is a product of several years' work and is presented as a contribution by the Company to the advancement of medical science and public health.

The readers of the BULLETIN know from our current reports that the past 25 years have been an era of extraordinary progress in this field. But a full realization of just what has been accomplished can be obtained only by such a study as this book presents. It gives not only very detailed tables of the

*The true rate of natural increase is that which would in the course of time result from the continued operation of the current age schedule of fertility and mortality, as explained in detail in the STATISTICAL BULLETIN, January 1930, page 12.

standardized death rates year by year from a large number of causes of death, as observed among this group of policyholders, but a series of chapters deal with the leading causes, namely, the principal communicable diseases of childhood, tuberculosis, influenza and pneumonia, cancer, principal cardiovascular-renal diseases, diabetes, puerperal mortality, external causes of death, and a group of miscellaneous causes of special public health interest. In each chapter details of incidence by age, sex, and color are presented, and the trend of mortality is discussed.

Much has been accomplished during this quarter century to raise the health level of the American people, yet much remains to be done. It is hoped that the volume just published will stimulate further effort in life conservation. It may serve as a guide to the formulation of a working program and should make possible the concentration of effort where it will yield the most good. Investigators interested in extending the boundaries of medical knowledge will find in its pages many suggestions for further research. A limited edition of *Twenty-five Years of Health Progress* is available for distribution among principal libraries and a selected group of investigators. In addition there will also be a limited supply of separate chapters in the form of reprints, which will be available to special students.

Health Record for August 1937

Two new records were established by the Industrial policyholders of the Metropolitan Life Insurance Company in August. For the first time in the experience of the Company, four successive months —May, June, July, and August—have registered lower mortality rates than ever before. Secondly, as a result of the favorable mortality during these late spring and summer months, the higher mortality experienced earlier in the year has been more than counterbalanced, and the death rate for the year to date records a new low for this period of the year. The cumulative rate is now 865.2 per 100,000 or 9/10 of 1 percent below the rate for this period last year.

Among the favorable developments to be noted for the year to date are the new minimum rates established by scarlet fever, diphtheria, chronic nephritis, diseases of the puerperal state, and accidents. Measles and homicides also record rates identical with their previous minima registered last year. While tuberculosis reports a new low at this time, its record for the year has not been entirely favorable. In four of the eight months of 1937 the mortality from tuberculosis has been slightly higher than in the corresponding months of last year. For the January-to-August period the cumulative figure is 54.2 per 100,000, or 1.8 percent below the 55.2 recorded at this time in 1936. In the five years from August 1932 to Aug-

ust 1936 the average annual decline in rate was approximately 7 percent. The slackening of the downward trend of tuberculosis deaths in 1937 is due entirely to the experience of the United States. In Canada the deaths from this disease have declined nearly 9 percent.

The improvement in maternal mortality has continued throughout the month of August. There were only 6.7 maternal deaths per 100,000, as compared with 7.1 in July, and with 8.6 in August a year ago. The drop for the year amounts to more than 11 percent and assures us of a new minimum for 1937. Accidents, other than automobile, have been lower in all but one month this year than in the corresponding months of last year. The year's accident rate, exclusive of automobile fatalities, will stand out as one of the most favorable in our experience.

A few important causes of death show higher rates for the first eight months of 1937 than for the corresponding period of 1936. Cancer, which recorded a decline in rate last year for the first time, has failed to hold its gain and is up 3.4 percent. Diabetes, which has been increasing slowly in recent years, is up 2.4 percent. Other diseases showing increases of greater or lesser extent are whooping cough, influenza, diseases of the coronary arteries, and diarrhea and enteritis. Likewise the year's record for automobile fatalities is poor. The open winter in the eastern portion of the United States allowed much heavier automobile traffic than in 1936, with a resulting increase in this type of accident. The excess in rate for 1937 over 1936 is now 10 percent; at the end of March it was in the neighborhood of 30 percent.

Reports of the prevalence of sickness in the general population of the United States show that there was less scarlet fever, measles, influenza, and smallpox reported in August than in July. Except for scarlet fever, however, these were all more prevalent than in August 1936. Diphtheria, which was more prevalent than in July, registered approximately the same number of cases as in August a year ago. The incidence of poliomyelitis continued to increase sharply, 44 States and the District of Columbia reported 1,882 cases as compared with 1,071 in July, and 205 in June. The greatest increases occurred during the month in Massachusetts, New York, Illinois, Ohio, and Michigan. Coincident with this rise in prevalence in the Northern States, the epidemic appears to be subsiding in the southern part of the country.

Items of special public health interest, recently reported were: The United States Public Health Service has equipped a trailer to aid in the control of venereal diseases. A physician and two nurses will be in charge when the "laboratory on wheels" is put in use this fall in the Brunswick area of Georgia. The New York State Department of Health, during October and November, plans to hold a series of one-day institutes for physicians on the diagnosis and treatment of pneumonia.

The following table shows the mortality among Industrial policyholders for August 1937, July 1937, and August 1936, together with the cumulative rates for the first eight months of each year.

METROPOLITAN LIFE INSURANCE COMPANY

Death Rates per 100,000 for Principal Causes. Weekly Premium-Paying Business in Industrial Department. All Ages (Annual Basis)*

MONTHS OF AUGUST 1937, JULY 1937, AND AUGUST 1936.

CAUSES OF DEATH	ANNUAL RATE PER 100,000 LIVES EXPOSED*				
	August 1937	July 1937	August 1936	Cumulative January-August	
				1937	1936
TOTAL—ALL CAUSES	719.9	764.8	757.7	865.2	872.8
Typhoid fever	1.3	.9	2.0	.8	.8
Measles	.4	1.2	.3	1.2	1.2
Scarlet fever	.5	1.2	.9	1.8	2.5
Whooping cough	3.6	4.4	1.8	3.4	1.6
Diphtheria	.9	1.3	1.3	1.6	1.8
Influenza	2.3	3.0	3.1	23.5	17.7
Tuberculosis (all forms)	48.6	54.6	51.2	54.2	55.2
Tuberculosis of respiratory system	44.0	48.8	45.5	48.8	48.9
Syphilis, locomotor ataxia, and general paralysis of the insane	9.4	9.3	10.7	11.0	12.0
Cancer (all forms)	93.5	92.1	90.7	93.6	90.5
Diabetes mellitus	20.7	20.5	20.1	25.8	25.2
Cerebral hemorrhage; apoplexy	48.7	56.5	51.8	60.0	63.8
Diseases of the heart†	128.3	136.4	135.9	163.6	166.2
Diseases of the coronary arteries	23.1	27.7	21.1	29.9	25.1
Angina pectoris	6.0	5.3	6.0	7.9	8.7
Pneumonia (all forms)	27.4	31.8	29.2	77.8	79.8
Diarrhea and enteritis	16.8	12.3	12.3	7.9	7.5
Appendicitis	10.4	11.7	11.0	11.1	11.1
Chronic nephritis (Bright's disease)	46.1	50.9	51.2	56.4	60.9
Puerperal state—total	6.7	7.1	8.6	7.0	7.9
Suicides	9.4	7.6	8.0	8.7	8.8
Homicides	3.8	5.0	5.3	4.8	4.8
Accidents—total	62.2	65.3	74.5	53.9	57.3
Automobile accidents	22.2	20.7	22.7	19.8	18.0
All other diseases and conditions	149.6	158.8	160.7	159.1	162.4

*The rates for 1937 are subject to slight correction, since they are based on provisional estimates of lives exposed to risk.

†Excludes pericarditis, acute endocarditis, acute myocarditis, and angina pectoris.

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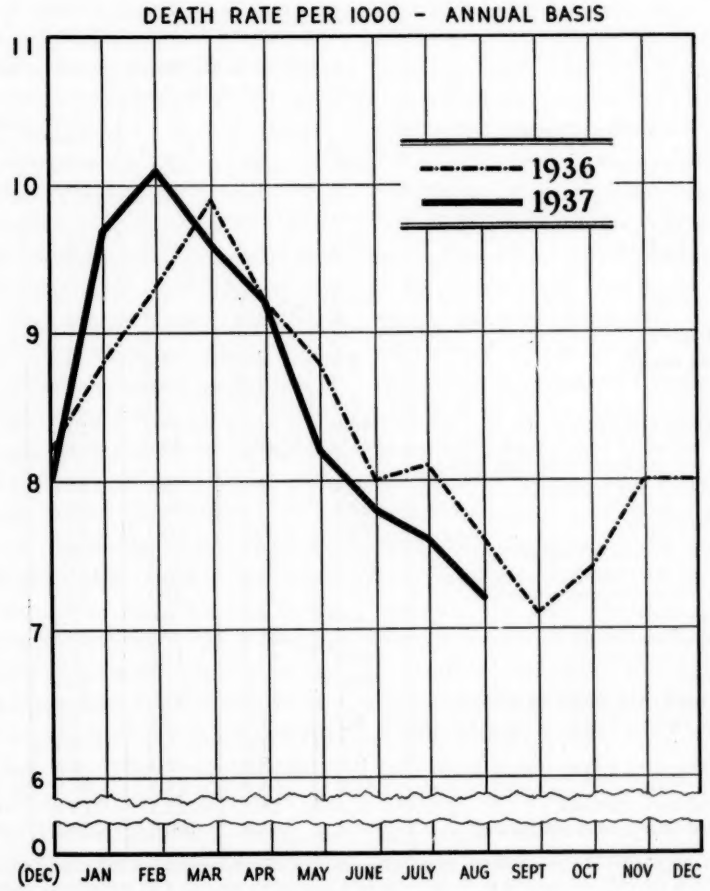
DEATH RATES FROM ALL CAUSES

METROPOLITAN LIFE INSURANCE CO. – INDUSTRIAL DEP'T.
WEEKLY PREMIUM-PAYING BUSINESS – TOTAL PERSONS



	(DEC)	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
1936		8.8	9.3	9.9	9.2	8.8	8.0	8.1	7.6	7.1	7.4	8.0	8.0
1937		9.7	10.1	9.6	9.2	8.2	7.8	7.6	7.2				

Rates are provisional for 1937

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